



averhealth

smarter solutions. better outcomes.



Reclaiming Lives. Uniting Families. Strengthening Communities.

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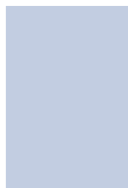
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Introduction

For nearly 25 years, Averhealth has specialized in providing substance use monitoring services tailored to the unique needs of judicial programs that operate at the holistic intersection of justice-involved and behavioral health.

Today, Averhealth:

- Serves more than 1,800 courts and probation departments across 26 states
- Integrates all substance use monitoring activities
 - Including: random selection, client notification, sample collection, laboratory analysis, results reporting, and all steps in between
- Follows APPA, NADCP, and ASAM evidence-based practices proven to help clients develop coping and refusal skills to substance use



People: Facing Forward

- Physical or virtual community presence
- Work side-by-side with local care team
- Prosocial patient environment



Technology: Aversys

- Automation. Not administration
- Daily patient engagement
- Individualized patient treatment plan.
- Incremental cognitive therapy



Science: Super Laboratory

- Integration of suite of individualized treatment support
- SUD focus testing for >1,500 substances
- Evidenced-based treatment decisions

Nationally Certified Laboratory

- State-of-the-art instrument-based technology
- Operated by PhD and Masters level toxicologists
- CAP-FDT and CLIA certifications
- Scientifically valid and forensically defensible
 - Satisfy Daubert and Frye standards
 - Supported by established case law
- The ability to easily customize a panel that is individualized to each client and each sample collection is simply unique to Averhealth

Random Selection and Notification

Daily calls support cognitive therapy and promote client motivation and engagement.

- Clients randomly selected to test on any day of the week:
 - Test selection has no correlation with treatment, group, medication disbursement or other scheduled appointments
 - Reduces test frequency and cost
- Individual selection:
 - Customized test frequency for each client
 - On-demand spot testing capability
 - Client-specific text to voice messages & appointment reminders
 - Multi-lingual, text, and web notification options
- Care team provided real time access to call log compliance, providing an early warning and allowing for early intervention

Client Experience

- Prompt, courteous service
 - We strive to complete the check-in to collection process in less than 3 minutes
 - Staff are trained to treat all clients with respect and dignity
- Initial Check-in/Client Orientation
 - Client's photo is stored in Aversys, but we must initially verify the client's identity via photo ID, picture from an authorized source, or review of client's photo in Aversys
 - Client is asked to complete and sign a PHI disclosure form and any other relevant (e.g. assignment of benefits)

Oral Fluid Collection Procedure

- Ensure client has not had anything to eat or drink in the last 10 minutes, including chewing gum and chewing tobacco
- Open collection device, keeping tip pointed down
- Instruct client to position collection device under tongue and close mouth
- Start time and ensure maximum test duration is 10 minutes; collector must remain in view of client throughout entire process
- Once the applicator turns blue or 10 minutes have passed, remove the applicator and insert collection device into the provided vial
- Place tamper-proof seal on top of tube and have client and collector each initial

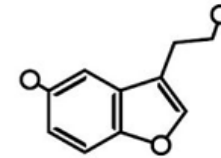
Keys to a Good Test

Effective substance use monitoring requires **random, scientifically valid, forensically defensible, and time, objective information**, a combination that enables therapeutic intervention and helps participants to develop coping and refusal skills to new use.



Forensically Defensible

Test results meet Daubert and Frye scientific rules of evidence and supported by case law.



Scientifically Valid

Use proven technology accepted by the scientific community and evaluated by peer-reviewed journals.



Sustained Sobriety

Providing accurate test results that facilitates timely treatment intervention and support recovery.



Timely Objective

Positive or negative results within 48 hours of sample collection enabling timely intervention.



Random

Equal probability to test each day, including weekends and holidays. Not related to treatment, supervision, or court schedules. Notification period is best when limited to 2 to 12 hours.



MDHHS Policy and Testing Panels

Substance Use Testing Guidelines



Information from the PSM 713-07

- Positive substance use and alcohol screens should not detract from the primary focus, which is assessment of the safety and risk to the child not the habits of their parents or caregiver
- Substance use screening is not appropriate when the client is in a substance abuse treatment program that includes screens as part of the treatment program. Use the DHS 1555-CS, Authorization to Release Confidential Information, to request the results from the treatment program
- Confidentiality issues related to substance abuse information must be addressed as outlined in SRM 131, Confidentiality – Substance Abuse Records

Screening Parameters

Substance use screening with the client must be **random**, not scheduled in advance. Screening Frequency need not exceed twice monthly unless there is an urgent need to verify use or abstinence

Additional testing can be done with Supervisor or Court's approval

Substance Use Testing Guidelines



Additional Information

- PSM 716-7 indicates Substance use, alone, is insufficient reason for investigation or confirmation of abuse or neglect of the child. Parents use legally or illegally obtained substances (including prescribed medications) to varying degrees and remain able to safely care for the children. If other adults residing in the child's home are using substances/alcohol, the parent/caretaker's capacity to care for the child and ensure his or safety and well-being must be evaluated.
- If additional screening of a client is needed, conduct a case conference with supervision regarding the screening needs, and enter the contact in MiSACWIS. If the screening is court ordered, add a social work contact to MiSACWIS indicating this.
- Do not make referrals for more than six months at a time. If substance use screens are still necessary, another referral must be made.

“Review Date” in Aversys will help remind you to review and renew referrals

- Workers must end substance use screening by updating the Averhealth website and change the client to a manual frequency group, indicate the service(s) were ended in MiSACWIS, and contact the client to inform them that they no longer need to interact with the notification system.

Oral Fluid Base Panel Options



Standard Panel comprised of the following **ten (10)** Drugs.

Standard Panel	Additional Options
<ul style="list-style-type: none">• Amphetamines (Amphetamine, Ecstasy, Methamphetamine)• Benzodiazepines• Cannabinoids (THC)• Cocaine• Methamphetamine• Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)• Oxycodone• Fentanyl• Buprenorphine• Tramadol	<p><u>Standard Drugs</u></p> <ul style="list-style-type: none">• Methadone• PCP• Cotinine <p><u>Specialty Drugs</u></p> <ul style="list-style-type: none">• SOMA• Gabapentin• Zolpidem• Alcohol (November 1st)

Urine Base Panel Options (Special Order)*



***Urine tests can only be performed by court order, email the court order to MDHHS-UrineScreenOrders@michigan.gov**

A Standard Panel is comprised of the following **ten (10)** Drugs

Standard Panel	Additional Options
<ul style="list-style-type: none">• Amphetamines (Amphetamine, Ecstasy, Methamphetamine)• Benzodiazepines• Cannabinoids (THC)• Cocaine• Methamphetamine• Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)• Oxycodone• Fentanyl• Buprenorphine• Tramadol	<u>Specialty Drugs</u> <ul style="list-style-type: none">• EtG



Testing Technologies



Testing Technology

A selection of the optimal testing technology for a given situation must consider:

- Sensitivity:
 - Can the test correctly detect the presence of a drug in the specimen?
 - Greater sensitivity increases window of detection and can detect a lower dose
 - How accurate is your positivity rate?
- Specificity:
 - Does the test mistake other substances for the targeted drug (cross reactivity)?
 - How accurate is your negative rate?
- Substance: alcohol (Ethanol or EtG), THC, synthetic THC, opiates, cocaine, etc.
- Specimen Type: urine, oral fluid, hair, breath, blood, sweat, finger nails, etc.
- Time: NADCP Best Practices and Standards maintain that test results should be available within 48 hours of samples collection.



Testing Technology

Considerations	Point-of-Care	Laboratory Screen	Laboratory Confirmation
Sensitivity	Variable and Subjective	>99%	Definitive
Specificity	Variable and Subjective	>99%	Definitive
Substance	~15	~35	All
Specimen Type	Urine Oral Fluid	Urine Oral Fluid Hair Blood Sweat Nails	Urine Oral Fluid Hair Blood Sweat Nails
Time	Minutes	24-48 hours	2-4 days
Cost	\$1 to \$15	\$3 to \$50	\$10 to \$2,000

Laboratory vs. Instant Testing

Feature	Laboratory	Instant
Urine	✓	✓
Established Case Law	✓	X
Definitive Test Results	✓	X
New vs. Residual Use	✓	X
Expansive Test Menu	✓	X
Test Panel Flexibility	✓	X
Oral Fluid	✓	✓
Hair	✓	X
Blood	✓	X
Proficiency Testing	✓	X
Regulated	✓	X



Specimen Options



What difference does a biological specimen make to drug test results?





Drug Consumption & Elimination

- **Dose** amount substance consumed.
- **Absorption** into the blood stream.
- **Distribution** to organs and tissues.
- **Metabolism** to inactive compounds.
- **Elimination** from the body via urination, sweat, oral fluid, hair, nails.

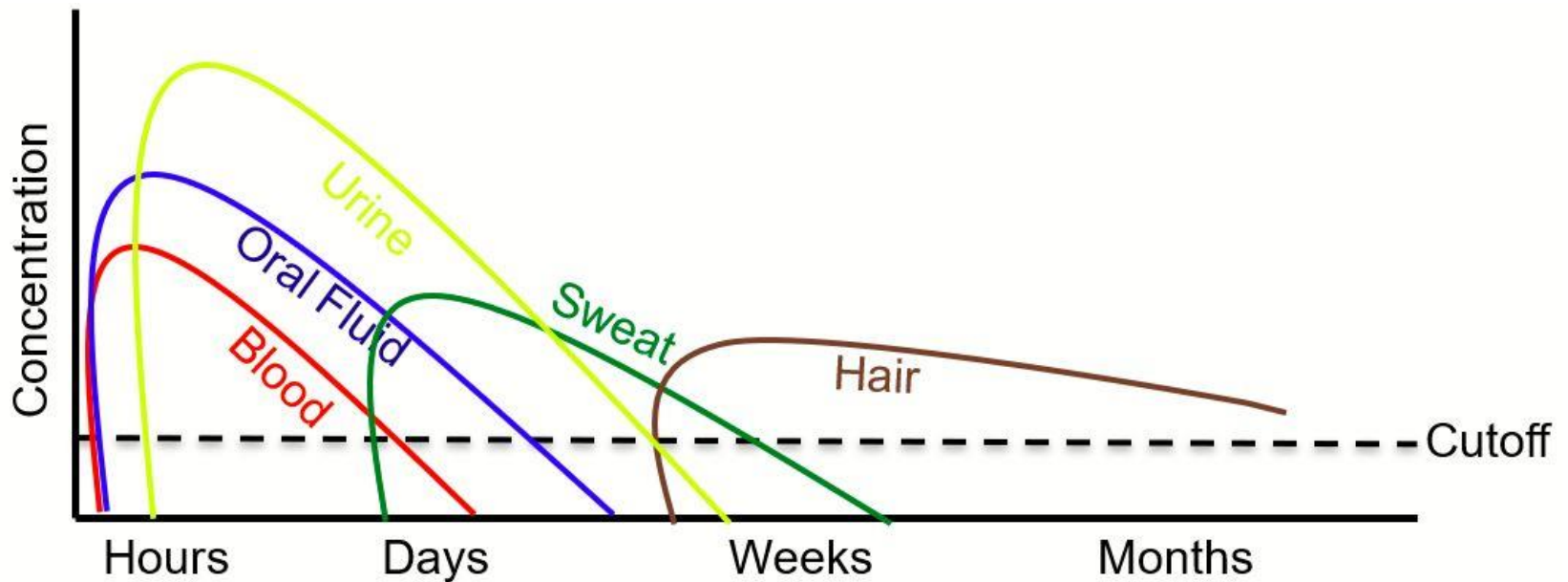
Specimen Options

Specimen	Breadth of Detectable Drugs	Detection Window	Collection Process	Primary Use
Blood	Broad	8-12 hours	Invasive	DWI, Post mortem
Breath	Narrow	8-12 hours	Non-Invasive	DWI
Oral Fluid	Moderate	5-48 hours	Non-Invasive	Abstinence Monitoring
Urine	Broad	2-3 days	Moderately Invasive	Abstinence Monitoring
Sweat	Narrow	5-10 days	Non-Invasive	Special Situations, Rural
Hair	Moderate	2 weeks – 3 months	Non-Invasive to Invasive	Child Custody, Rural

Specimen Options

- Blood, breath, oral fluid, and hair – window of detection varies for each
- Oral fluid
 - Best use – indicates prior exposure and implies current impairment
 - Less invasive, does not require gender-specific technician, difficult or impossible to adulterate
 - Shorter detection window (5-48 hours), low detection levels, low sample volume makes confirmation difficult
- Urine
 - Ideal for abstinence monitoring – frequent, random drug testing
 - Broadest spectrum of drug tests, lower cost, small sample volume supports multiple tests, high concentration of drugs, detects recent and past use
 - Must follow evidence-based practices collection procedures, must conduct validity (dilution) testing, must guard against attempted substitution and adulteration

Window of Detection by Specimen Type



Source: Cone, E. J. (2011). Oral Fluid Drug Testing Workshop: Pain Management. Society of Forensic Toxicology.

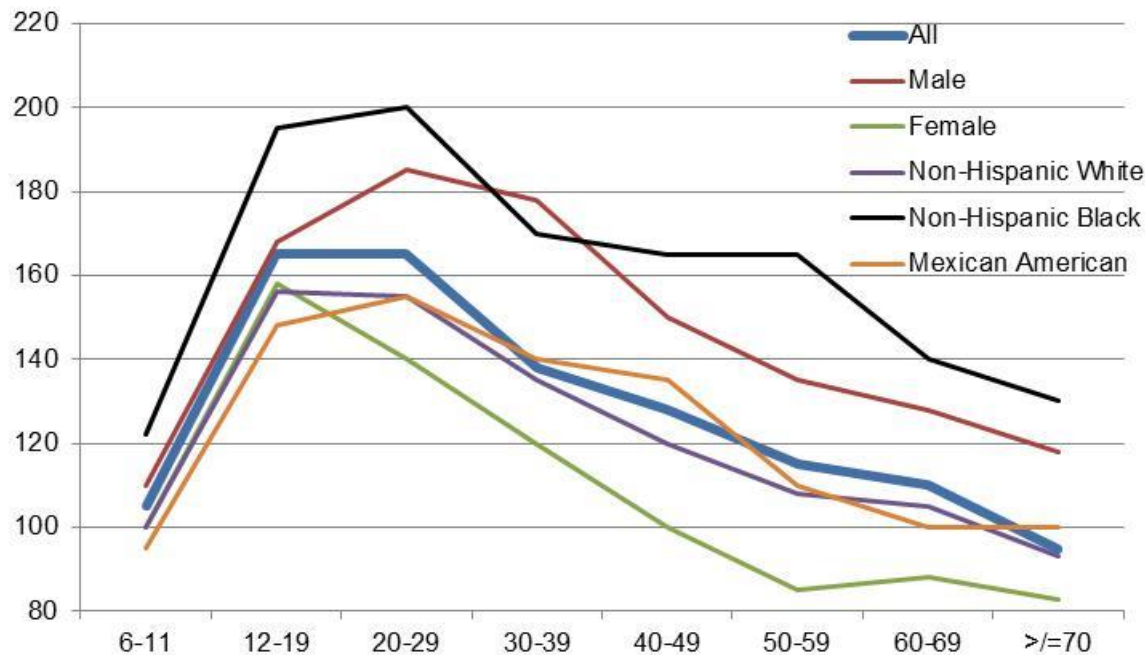
Urine Specimen Dilution

- Urine specimen dilution is **the** most common ploy used to avoid the detection of drug and alcohol use
- Consuming excess fluid over a short period of time lowers the concentration of detectable drugs in urine, reduces creatinine levels
- The combination of a directly observed collection with creatinine testing reduces the client's ability to dilute a urine sample
 - Observation ensures the client does not dilute the sample post urination (i.e. adding water to the specimen post collection)
 - Creatinine test detects if the client is diluting prior to submitting a urine sample

We cannot intervene to change a client's behavior if we do not know that the client has relapsed.

Creatinine

- Creatinine is a by-product of muscle metabolism that is produced at a relatively constant rate throughout the day
- Normal creatinine is about 130 mg/dL



Less than 1% of sample population had creatinine level below 20 mg/dl

"Urinary Creatinine Concentrations in the U.S. Population: Implications for Urinary Biologic Monitoring Measurements", Dana Barr et al, September 23, 2004

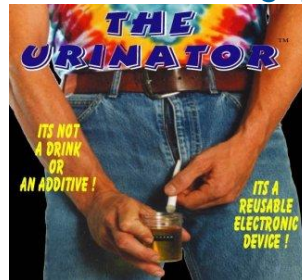
Dilute Results

- A dilute sample does not accurately reflect the recent drug use history of the sample client
 - Negative test results from a dilute sample should never be interpreted as no drug use
 - If drugs are present, they are probably not detectable due to dilution
 - Positive test results from a dilute sample are valid
 - The client just did not consume enough fluid in a short period of time
- OR**
- The drug concentration is sufficient to remain above the established cutoff level

Negative dilute test results DO NOT provide accurate data regarding a Patient's potential relapse and consequently comprise the treatment court team's ability to affect positive behavior modifications.

Adulterants and Substitution

- Adulterants are any substance added to a sample prior to testing
- Substitution is when a device, synthetic urine, or non-urine product is used as a sample in place of a client's urine
- Urine examples
 - Urinator – costs ~ \$150; can maintain temperature for up to 4 hours; includes drug-free urine
 - Whizzinator – costs ~ \$150; includes 4oz bag, prosthesis, dehydrated, drug-free urine, etc.
- Oral Fluid examples
 - Oral clear
 - Mouthwash
 - Tea
 - Tablets





Aversys Demo & Collection Process



Aversys Demo

- Dashboard
- Entering new Clients
- How to perform a collection
- Results retrieval
- Help section

User-Specified Dashboard



Accounts ▾ Reports ▾ Help ▾ Search..

Aversys Dashboard

Search: Get Results >>

Patient Scheduling & Notification (928)

Patient	Program	Group	Order	Case Manager	Scheduled	Status	Called	Compliance	
AYASH, CHARLES	Honolulu County DC	1-2x per month	CSTMBath Salts	Amanda D'Arcy	05/29/2019	-	N	0%	<input type="checkbox"/>
Bronte, Anne	Honolulu County DC	2-4x per month	BAC (all), Base DC	Kelly Slater	05/29/2019	-	N	0%	<input type="checkbox"/>
Buckner, Bill	Honolulu County DC	3-4x per month	BAC (all), Base DC	Kelly Slater	05/29/2019	-	N	0%	<input type="checkbox"/>
Cooper, Ann	Honolulu County DC	2x per week	CSTMBase DC	Christian Fletcher	05/29/2019	-	N	0%	<input type="checkbox"/>
Davis, Baron	Honolulu County DC	8x / month	BAC (all), Base DC, D...	Kelly Slater	05/29/2019	-	-	-	<input type="checkbox"/>
Dickinson, Emily	Honolulu County DC	1-2x per month	BAC (all), Base DC	Kelly Slater	05/29/2019	-	N	0%	<input type="checkbox"/>
Jones, Matt	Honolulu County DC	1-2x per month	BAC (all), Base DC	Thomas Curran	05/29/2019	-	N	0%	<input type="checkbox"/>
Machado, Manny	Honolulu County DC	1-2x per month	BAC (all), Base DC	Robert Machado	05/29/2019	-	N	0%	<input type="checkbox"/>
Rivers, Philip	Honolulu County DC	1-2x per month	BAC (all)	Kelly Slater	05/29/2019	-	N	0%	<input type="checkbox"/>

Non-Negative Results (23)

Patient	Program	Scheduled	Collected	Result	Case Manager	Positive Assay(s)
Adams, Ryan	Honolulu County DC	10/27/2018	12/18/2018	REJECTED	Kelly Slater	N/A
Cooper, Ann	Honolulu County DC	04/05/2019	05/06/2019	POS	Christian Fletcher	Amphetamines (0.00, ...
Jordan, Michael	Honolulu County DC	04/15/2019		Excused ⓘ	Kelly Slater	N/A
Fisher, Carrie	Honolulu County DC	04/17/2019	04/17/2019	UTP (Pending)	Cindilo Whoo	Amphetamines (0.00, ...
Jordan, Michael	Honolulu County DC	04/25/2019		Excused ⓘ	Kelly Slater	N/A
Tatum, Channing	Honolulu County MHC	04/26/2019	05/28/2019	POS (Pending)	Amy Rich	Cocaine 300, Creatini...
Tatum, Channing	Honolulu County MHC	04/29/2019	05/29/2019	REFUSED	Amy Rich	N/A
Tatum, Channing	Honolulu County MHC	04/30/2019	05/29/2019	UTP	Amy Rich	N/A
Potter, Harry	Honolulu County DC	05/02/2019	05/02/2019	POS	Tiger Woods	BAC (0.15, 0.09)

Scheduled Patient Reviews

06/29/2019 Actions ▾

Patient	Program	Group	Case Manager	Last POS	Review Date	Review Note
Bird, Larry	Honolulu County MHC	2x per week	Kelly Slater	127	07/31/2017	
White, Walter	Honolulu County MHC	2x per week	Justin Manni	959	03/31/2017	

Quick Access
to Case
Load.

Real-time
schedule &
call-in
compliance.

Real-time test
results.

Case Load
Reminders.

Setting your Dashboard



1. From the Dashboard, click on the green gear icon
2. Adjust setting per program you have access to
 1. Drop down: Select the clients you want to see by assigned case manager
 2. Select your notification preferences – Daily Summary or Immediate Notification

Aversys Dashboard Search: Get Results >>

Dashboard & Notification Preferences

Select programs you want to see in your dashboard

☒ **Honolulu County DC** 23 item(s) selected

Daily Summary: A single email sent each day ☒

Immediate Notification: an email notification is sent as soon as the results are ready. ☐

Immediate Notification Non-Negative: an email notification is sent as soon as the results are ready. ☐

☒ **Honolulu County DWI** 15 item(s) selected

Daily Summary: A single email sent each day ☒

Immediate Notification: an email notification is sent as soon as the results are ready. ☐

Immediate Notification Non-Negative: an email notification is sent as soon as the results are ready. ☐

☒ **Honolulu County MHC** 8 item(s) selected

Close Save

Adding a New Client



1. Go to Accounts -> Patients
2. Click 'Add Patient'

Accounts ▾ Reports Lab ▾ Admin ▾ Insurance ▾ Help ▾ Search..

Patient Search

Search.. 1

Programs
Contacts
Patients

2 Add Patient

Account: All Accounts ▾
Program: All Programs ▾

3. Fill in required information:
Name, Sex, Ethnicity, Birth Date, Frequency Group, Panel Group, and Case Manager 1.
4. Click 'Save'

Summary Information

Name: First Last MI Suffix

Active: Yes

PIN:

Sex: Select

Ethnicity: Select

Birth date: ...

Veteran: None

SS#: ... Patient ID 3: ...

Patient ID 2: ... Patient ID 4: ...

Patient ID 5: ... High Profile Flag: No

Risk Level: ...

Group: Select Group Panel Group:

Manual Orders: No Custom Panels: No

Required to Call: False Phase: Select Phase

Custom Copay: No Voucher: No

Insurance: ...

Case Manager 1: None Associated Accounts: Select


Case Manager 2: None

Judge: None

Treatment Manager: None



All new Clients assigned to a random Frequency Group should be provided a Testing Card and PIN.



Login Daily: my.averhealth.com
or Call: 989. 264. 1904

Message notification available 5am - 6pm
St. Clair County Testing Locations:
Huron House

PIN: _____

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Roadmap for Success

1. Every day (7 days a week) you are required to check online at my.averhealth.com or call 989. 264. 1904 and follow the steps as directed until you receive a confirmation #.
2. You must arrive during the location's hours of operation.
3. Location and hours:
4. Huron House - 3525 24th Street, Port Huron, MI 48060 | M-F: 9am - 11am, M/TH: 4pm - 7pm, T/W/F: 2pm - 5pm, SAT 8am - 1pm



If Random, proceed to Results Reporting

Oral Fluid Collection Procedure



1. Ensure the Client has not had anything to eat or drink in the last ten minutes, including chewing gum and chewing tobacco.
2. Peel open package and remove collection device.
 - a) To expedite the collection process, have client move tongue side to side to accumulate saliva in mouth before starting
 - b) Keep the tip of the device pointed down
3. Instruct client to position collection device under tongue and close mouth. Keep head down to allow gravity to help with saliva collection.

IMPORTANT: ensure client does not chew on pad, talk, or remove collection device from mouth until indicator turns BLUE, or until 10 minutes have passed.
4. Start the time and ensure the maximum duration of test is 10 minutes
5. The Collector must remain in view of the client during this process in its entirety.
6. Once the applicator turns blue or 10 minutes has expired, remove the applicator from the Client's mouth
7. Hold transport tube in an upright position and uncap by pushing up with thumb(s). Do not stand tube on table. Do not spill or empty the liquid from tube. Insert the collection device into the provided vial according to the contents of the package.



Oral Fluid Collection Procedure



8. Insert collection device into the uncapped transport tube and replace cap.

SNAP CAP firmly for transport.

9. Place center of tamper seal on top of tube and press down both sides.

10. Client and collector initial tamper seal.

11. Confirm the Client's name by requesting they verbally announce their name.

12. Affix the label to the vial.

13. Require the Client visually confirm that their label is affixed to the vial.



Shipping Samples



- Place each collected sample in the front pouch of a specimen baggie, along with the bottom portion Requisition form in the back pouch.
- Place all sealed, bagged samples into the FedEx Clinical Pak
- Place the FedEx Billable Stamp onto the outside of the clinical pak in the area indicating “Place shipment Information on the center of pack.”
- Deposit the FedEx Clinical Pak into a FedEx drop box or location. To find a location near you: <https://local.fedex.com/>



Reviewing Results



1. Non-negative results on the Dashboard

Non-Negative Results (23)							Actions
Patient	Program	Scheduled	Collected	Result	Case Manager	Positive Assay(s)	
Adams, Ryan	Honolulu County DC	10/27/2018	12/18/2018	REJECTED	Kelly Slater	N/A	<input type="checkbox"/>
Cooper, Ann	Honolulu County DC	04/05/2019	05/06/2019	POS	Christian Fletcher	Amphetamines (0.00, ...	<input type="checkbox"/>
Jordan, Michael	Honolulu County DC	04/15/2019		Excused	Kelly Slater	N/A	<input type="checkbox"/>
Fisher, Carrie	Honolulu County DC	04/17/2019	04/17/2019	UTP (Pending)	Cindiloo Whoo	Amphetamines (0.00, ...	<input type="checkbox"/>

Name: Adams, Ryan

Account: Honolulu County

Program: Honolulu County DC

2. Client's Test History

From: 03/08/2019

To: 4/8/2019

Creatinine / THC

Order: All

Result: All

Search:

Collected	Scheduled Method	Scheduled Date	Accession #	Order	Result	Positive Assay(s)	Note
03/21/2019	W	03/21/2019	07561923-015	Drug + ETG	NEG		edit
03/24/2019	W	03/24/2019	07561924-013	Standard Drug	NEG		edit
03/24/2019	W	03/24/2019	07561924-029	BAC (all)	NEG		edit
03/27/2019	W	03/27/2019	07561925-011	Base DC	NEG		edit
03/27/2019	W	03/27/2019	07561925-027	BAC (all)	NEG		edit
03/28/2019	W	03/28/2019	07561926-019	CSTMBase DC	NEG		edit
03/30/2019	W	03/30/2019	07561927-016	Base DC	NEG		edit
04/01/2019	W	04/01/2019	07565770-018	CSTMBase DC	REJECTED	N/A	edit
04/04/2019	M	04/04/2019	07566622-019	CSTMBase DC	NEG		edit



Results Reports

Batch Results (Summary)

Batch Results (Detailed)

Individual Screening Report

Patient History Report (Summary)

Patient History Report (Detailed)

Program Analytics and Administration

Program Results Overview

Testing Calendar

Participant List

Frequency Group Statistics

Expiring Clinical Requisitions

Program Demographic Overview

Individualized Scheduling Statistics

Non Negative Action

Notification Compliance

Drugs Of Choice Overview

Voucher Statistics

Case Manager Activity

Call Log

Patient Clinical Requisition History

What Delays Results



The three biggest reasons for results delays are:

1. Client not in system before sample leaves the DHHS/Private Partner office.
2. Sample not being shipped when worker thinks it has been shipped.
3. 2-ply Chain of Custody forms do not have client name and DOB listed.

Thank You



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